

## Case Notes

# How the Arts Help This Doctor Connect

BY T. JAMES SAMMON, MD

**H**ave you ever known a physician who was a “natural?” He could always see things through the patient’s eyes. She always knew the right thing to say and do. The doctor always knew enough about an individual patient to be able to meaningfully relate and to explain complicated medical information.

This kind of doctor is practicing the art of medicine, or the human side of medicine. Is it too much of a play on words to think that we might all get a little closer to this ideal by knowing more about the so-called arts and humanities?

Most of us physicians approach our profession through our interest in and proclivity for science. Most of us humans, however, while acknowledging the strictly physical, choose to view our bodies and minds in the totality of our lives.

Much has been written about this mind-body connection in the past few years. An appreciation of the humanities can expand our physical, mental, emotional and spiritual natures to include our relationships, not only now, but also with individuals and societies in the past. Exposure to the arts can show us the extent of human achievement. The arts and humanities can both show us where this patient of ours comes from and of what he is capable. Using our medical science to help patients live their interpretation of this expanded existence should be one of our goals in medicine.

My first love was music, which began with learning trombone for high school band in the 1950s. College and

a medical career took over, but though I didn’t play anymore, I didn’t stop listening. A few classical concerts with the Boston Pops summer series in San Francisco and a few jazz concerts with the Dave Brubeck Quartet and the Count Basie Big Band left me hooked on both kinds of music.

Eventually, after 23 dormant years, I started playing again. In 1990, a group of music-loving doctors and I formed “Caduceus” — a 17-piece big swing band that has continued for twice as long as the whole Big Band Era of the ’30s and ’40s lasted. I’ve been to a few old-timers’ jazz camps, and I joined a Big Band for a short European tour in 2000. Vacations find me visiting jazz clubs from Madrid and Paris to New York and Newport, R.I., to hear the jazz greats.

And here’s how the arts, humanities and medicine can intersect. My interest in performers led to an interest in their health problems, and those interests have consumed much reading time during the past 20 years. I’ve learned about everything from German classical composer Robert Schumann’s hand problems to jazz pianist Thelonious Monk’s mental health issues and pop star Michael Jackson’s addictions.

My background and interest in

music has shown me that physicians have a lot in common with these artists and performers. We spend long years perfecting our skills and have a lot of people rely-

ing on us. A very slight injury, mishap or indiscretion could end a productive career. We share feelings of great importance, sometimes unrealistically.

This understanding of musicians, singers and dancers has definitely increased my medical “street cred.” As a pediatrician who loves and plays music, I recognize the significance of a young performer’s health issues. If a young guitarist comes to me suffering from wrist pain, I know he is afraid I will tell him he can’t play anymore. Instead, I might help him change the way he holds his instrument and encourage him to cut back on practice time for a while. Steps as simple as these can bring dramatic relief from both the pain and the worry.

When we are able to draw these kinds of connections, it adds to our effectiveness as physicians — a shared interest means we have insight into how patients live their lives and we can take into account their specific concerns. Also, in our increasingly multicultural world, physicians whose background and interests leave them with knowledge of many cultures and belief systems — ancient and modern — can better understand our increasingly multicultural patients.

My college education in the early



'60s took place six blocks from one of the era's epicenters — the corner of Haight and Ashbury streets in San Francisco. My Jesuit school's curriculum gave me eight semesters of philosophy and theology, so my studies meant I lived much of my college life in ancient Greece and Palestine, Paris in the Middle Ages and in the Europe of the Renaissance and Enlightenment. I now have a lot of philosophy and observation of human nature to draw on: Terence, the ancient Roman playwright, said, "I am a human and all that is human interests me." The 17th century English poet John Donne said, "Any man's death diminishes me because I am involved in Mankind."

Spirituality can be another point of connection. Several studies have demonstrated that membership in a community of faith can help support a patient and quell the feelings of isolation. They also have shown that belief in a higher power can offer a patient an ability to hand off life-and-death decisions when things become unbearable. On a lighter note, the power of prayer has helped many of my ADHD patients avoid an ill-advised, impulsive decision.

Even now, in my post-retirement work with many families of autistic children, I draw on the arts to good effect. Along with my medical reading, I keep up with popular biographies and fiction dealing with autism. That means I have been able to offer first-hand recommendations for some very helpful and very readable books, such as Jodi Picoult's *House Rules* — a wonderful fictional account of a young autistic man involved in a crime, a story that demonstrates how these individuals can be easily scapegoated by society.

In the same way, I can tell patients about HBO's *Temple Grandin*, an award-winning film adaptation of Grandin's books about growing up with autism and learning to get along in the world. Grandin is a college professor of animal science and an expert in cattle manage-

ment, an unusual skill she attributes to thinking in pictures rather than language. Probably the best known autistic adult in the world, she has a both frightening and uplifting biography.



I love sharing these stories with families and feel I can be of real value in helping them see their children through a new lens — one showing positive things that might await them in the future and that helps them with making treatment decisions. Storytelling, whether fictional or biographical, can frame a medical problem in human terms and tie in the emotions and feeling with the physical facts. This humanity-based framing lets the patient and family know we are both coming from the same place — a shared humanity.

After all, the human emotions we feel today have been felt for as long as humans have existed. The problems we deal with today have all, to some degree, been dealt with in the past and will be faced for generations to come. My interests in the arts and humanities — ancient and popular, in books, on stage or in the museum — have added a connection to what is best and noble about all people, especially the one seated before me in my office, right now.

I remember my high school principal telling me, when I told him of my medical career plans, "You will see life in its most beautiful and horrible forms." He was, of course, correct — and I wouldn't change a thing about it. It suits me.

Years ago, I accidentally overheard a conversation between several nurses in an urgent care clinic. They were talking about which patients matched which doctors. Dr. X had patients who tended to be wealthy — and he also liked money. Dr. Y's patients seemed to be highly educated — and he enjoyed spending lots of time with college athletes.

I asked one of the nurses, "What about my patients?"

She answered, "Dr. Sammon, all your patients are crazy."

Needless to say, I was a little taken back by that, but the more I thought about it, the more I realized that what she meant was my patients and their families were complex and, therefore, difficult people. It took me a little longer to appreciate what

the nurses knew — that complex, difficult people were what made the world go around for me. Without these complex people who demand in-depth personal care, my life would be much less interesting and fun. Without the arts and humanities to help me make connections with my patients, my life also would be much less rich.

Becoming that physician, the "natural," can be within the reach of all of us. As an individual who has come to this realization a little later in life, I can assure you it is never too late.

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